

analogous case reported by him to the society in September, and quoted Rokitansky's statement that cesophageal cancer is apt to be unassociated.

*Abscess of Prostate Gland.*—Dr. LEE, in presenting this specimen, related its history as follows :—

Frederick Evans, æt. 33, was admitted to the surgical wards of the Pennsylvania Hospital on Oct. 17, 1861, with distressing prolapse of the rectum.

This had existed ten days, coming on after a severe debauch; the patient was, indeed, an habitual drunkard, and, having no home, was often exposed all night in the street. For several days before the rectum came down he experienced some difficulty in urinating, but this greatly increased after the prolapsus occurred.

At the time of his admission his urine was dribbling away; as the bladder was much distended, the attending surgeon attempted to introduce a catheter, but failed, although it passed readily as far as the prostate gland. This attempt was made several times without success; he was given a warm bath and demulcent drinks, after which he passed a gill of urine, but with great effort and with burning pain in the perineum. The following day a catheter was easily introduced, and after this he passed his urine without assistance. No contraction of the sphincter ani existed, and the rectum was returned without difficulty, but it constantly came down in spite of all the efforts made to retain it. This was complicated by a most exhausting diarrhœa, which no astringents seemed able to control. From the first the patient was stimulated freely, but it was with difficulty that an attack of delirium tremens was averted. He had frequent rigors, and his diarrhœa and general exhaustion increased daily; he gradually sank, and died on Oct. 28, eleven days after his admission to the hospital.

*Autopsy, fourteen hours after death.*—The thoracic viscera found healthy; the brain was not examined. The liver was enlarged and fatty, as in the first stage of cirrhosis; kidneys enlarged and congested, but not otherwise diseased. The bladder and urethra were dissected out entire, and an examination proved that there was no stricture, but showed the existence of a large abscess involving both lobes of the prostate; this had apparently in its forming stage constituted the obstruction to the introduction of the catheter. The bladder was healthy, and the only other lesion was an ulcerated state of the large intestines, which extended from the head of the colon to the anus. The rectum was almost denuded of its mucous membrane, and was raw and irritable in the highest degree.

*Nov. 27. Cystic Formations in the Lungs.*—Dr. PACKARD presented a specimen of this character, removed by him from the body of a maiden lady, æt. 42. Death had occurred after several days of violent delirium; symptoms of gangrene of the lung had also shown themselves.

The cysts were of various sizes, larger and more numerous in the left than in the right lung. Each one was lined by a perfectly smooth membrane, and had a distinct wall. The left pleura was universally adherent, more strongly at its upper part; the whole lung was carnified, and a large portion near its middle was in a state of incipient gangrene. The right lung was adherent at its upper part, which contained a few small cysts. The cysts were wholly unlike the old healed tuberculous cavities sometimes seen in the lungs.

Other lesions were observed in the body, interesting from their resemblance to those presented in chronic alcoholism, this lady having been for

years in the habit of using sulphuric ether freely as an anodyne. The brain was much congested throughout, and the septum lucidum was very much softened. A good deal of serum had been effused in the subarachnoid space, and some lymph deposited in the outer layer of the arachnoid membrane.

The heart was fatty, and the aorta extensively atheromatous; all the valves were healthy.

The liver was very fatty, and tilted so that its right lobe extended downwards. The kidneys were much congested; the supra-renal capsules healthy. No other disease was observed.

*Dec. 11. Luxation with Fracture of Sixth Cervical Vertebra.*—Dr. ASHHURST exhibited this specimen, the history of which was as follows:—

Patrick T—, a young, healthy, and very well developed man, was admitted into the Pennsylvania Hospital on the afternoon of Friday, December 6th, 1861.

While engaged in loading a vessel, he had been struck upon the back of the neck by a sack of salt, weighing about 200 lbs. The sack forced his head down upon his breast, and then fell over in front of him. When admitted into the house, he was completely paralyzed as to both sensation and motion, below the nipple on either side. His right arm was almost powerless, and the motions of the left arm much impaired. The head was bent to the right side, but motion of the neck was attended by no more pain than would naturally arise from the contusion produced by such an accident. His bladder was of course paralyzed, and his water had to be drawn off by means of a catheter at proper intervals. During the ensuing night and day he suffered no pain, but his thirst was excessive, and his skin became very hot, giving to the hand the sensation known as “calor mordicans.” On Saturday evening he was seized with dyspnoea, which was at first accompanied with pain about the epigastrium. This, however, shortly disappeared. From time to time there was regurgitated into his throat a dark, grumous fluid, which he had some difficulty in evacuating from his mouth.

The dyspnoea now gradually increased, until the afternoon of Sunday, the 8th inst., when death put an end to his suffering. An autopsy was made seven hours later, with the following results: There was a very large clot effused among the dorsal muscles on the left side. An almost complete separation existed between the sixth and seventh cervical vertebrae, the intervertebral substance with some spiculæ from the sixth, adhering to the seventh vertebra.

There was a good deal of laceration of the ligaments, and investing muscular tissue, and some bloody effusion both within and without the vertebral canal. The spinal cord itself was not divided.

This was an obscure case, for although the rational signs of fracture or dislocation were present, there was no inequality in the spinous processes such as usually indicates a fracture, nor was there the immobility almost universally accompanying a luxation.

*1862. Jan. 8. Rupture of the Lung, without Fracture or Wound of Thoracic Walls.*—Dr. LEE presented this specimen, and gave its history as follows:—

John Bradley, a strong, healthy lad, æt. 18, was admitted to the Pennsylvania Hospital late on the evening of Jan. 4th, 1862. About five hours before, while driving a wagon heavily laden with grain, he had fallen